

Texas Forensic Science Commission
Travel Reimbursement Request Form

NAME: _____
ADDRESS: _____
CITY/STATE: _____
ZIP: _____

Reimbursement Policy: Please submit this form along with all original receipts and boarding passes within thirty (30) days of the date the expense occurred. Any request received outside of the thirty (30) day deadline will be denied. ES mail this form along with scanned copies of your receipts to Kathryn.adams@fsc.texas.gov or mail your form and receipts to: Texas Forensic Science Commission, Attn: Kathryn Adams, 1700 N. Congress Ave., Ste. 445, Austin, TX 78701

Purpose of Travel: _____
Location Traveled to: _____
Date & Time of Departure: _____ Date & Time of Return: _____

	Date	Date	Date	Date	Date	Totals
Hotel/Lodging ¹						
Meals ²						
Parking						
Taxi, Shuttles, Tolls						
Other fees/expenses (specify)						

Transportation		Totals
Airfare		
Car Rental		
Mileage (personal vehicle)	Total Miles = ____ X.54 per mile	

Total Expenses	
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I certify that the above expenses are reasonable and necessary travel expenses and have not been submitted to another organization for reimbursement.

Signature

Date

FSC Office Approval

¹ Please see the following site for maximum lodging reimbursement amounts within the State of Texas (www.gsa.gov).

² See also www.gsa.gov.